DOCUMENT RESUME

ED 132 627 CS 501 570

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TITLE Therapeutic Communication: A Developmental and Operational Definition.
PUB DATE 76
NOTE 28p.; Paper presented at the Annual Meeting of the Speech Communication Association (62nd, San Francisco, December 27-30, 1976)

EDRS PRICE MF-$0.83 HC-$2.06 Plus Postage.
DESCRIPTORS *Communication (Thought Transfer); *Helping Relationship; Higher Education; Human Relations; *Individual Counseling; *Interaction Process Analysis; *Interpersonal Relationship; *Psychotherapy
IDENTIFIERS *Therapeutic Communication

ABSTRACT

This paper presents both a developmental and an operational definition of the process of therapeutic communication and analyzes the dynamics of the helping relationship in terms of therapeutic communication. Basically, therapeutic communication is defined operationally by the complementary communication behaviors which occur in each stage of the helping process. A summary of these behaviors, from the prehelping phase through three subsequent stages, details crucial helper and helpee skills such as empathy, genuineness, self-exploration, confrontation, risk, and so on, and places them in the context of the developmental process. (KS)

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Therapeutic Communication: A Developmental and Operational Definition

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Presented to Speech Communication Association Convention, San Francisco, California, December, 1976.

CS 501 570

Therapeutic Communication:
A Developmental and Operational Definition

> At its best, the therapeutic relation is a means to inspiration, for it is an actualization of the possibility of a true meeting between persons in honest, warmth, and respect. (Steinzor, 1967, 4).

Much support exists for separating the concept of psychotherapy from the concept of therapeutic communication. Ruesch (1961) speaks to the concept of psychotherapy: it exists when a therapist, who is "wiser, more mature, and more skilled in communication than the other ... consciously intends to influence the patient for his own good ... [and his] reward is the fee paid" (31, 32). Further, communication in psychotherapy occurs when "a person who sees him/herself as a client... sits or lies down for a scheduled period of time with a person who sees him/herself as a therapist" (Stewart, 1976).[1] Psychotherapy, therefore, involves payment rendered for professional service at regularly scheduled times.

On the other hand, much of therapeutic communication is not psychotherapy. Reisman (1971) stresses that human contact which exhibits the characteristics of understanding, respect, and a desire to be of help is therapeutic. Moreover, he suggests that not only can communication with nonprofessionals be therapeutic, but that this interpersonal interaction may be the only hope for aiding all people who need such assistance. Reisman sums up the difference between psychotherapy and therapeutic communication clearly:

> Psychotherapy is a noun that has come to mean a certain kind of message .. but "psychotherapeutic" is an adjective that refers to favorable changes in the individual's psychological well-being (129).

Therefore, as Carkhuff (1969) suggests in his book for lay and professional helpers,

[1] While both Reusch and Stewart use the term "therapeutic communication," conceptually they are describing "psychotherapy."

the therapeutic process is an instance of interpersonal communication, which at its highest level of functioning becomes "both the means and the ends of the helping process" (216).

In summary, then, whenever another person is treated as a unique human being rather than an object (Stewart, 1976); whenever this interaction results in positive change for the person presently in need of help, therapeutic communication exists.

Therapeutic communication is within the reach and ability of any caring person willing to devote the time and energy necessary to learn those skills which can be of help. The central purpose of this paper is to delineate those behaviors which, when enacted from a developmental perspective, result in communication that is therapeutic.

A Developmental Model for Therapeutic Communication

This model accounts for two important phenomena. First, as communication is a transactive process, it follows that therapeutic communication also involves transaction. Therefore, in exploring therapeutic communication, the interaction of mutual attitudes, expectations and influence of both the helper and the helpee must be acknowledged (Saltzman, et. al., 1976; Orlinsky and Howard, 1975; Reisman, 1971; Kiesler, 1973; Munley, 1976). In this model, then, for each set of helper behaviors, there is a necessary complementary set of helpee behaviors.[2]

Secondly, this model is developmental. It includes and uses as a basis for therapeutic communication the commonly referred to "core variables" of empathy, respect, and genuineness (Rogers, 1967; Munley, 1976), but builds upon these crucial behaviors other therapeutic skills necessary to facilitate a constructive change in the helpee's

[2] In this paper "behaviors" and "skills," "helper" and "therapist," "helpee" and "client" are used interchangeably.

actions. As Egan has emphatically stated in the book which describes this developmental model: "The client must ultimately act, in some sense of the term, if he is to live more effectively" (1975, 39). The helping process is most successful when the helpee has changed and developed the skills necessary not only to explore and solve his/her own problems, but has reached a level of interpersonal competence where he/she can be a helper to others (Egan, 1975).

Another developmental model provided by Carkhuff (1969) lends further support to the necessity for helping skills which build on the core skills if effective change in the helpee is to be realized. He employs a two-phase approach to helping. The first phase goal is to achieve self-understanding; the second phase goal is to "operationalize a constructive direction" for the helpee (28). Both phases must be completed: the "helping process has not been brought to culmination until the helpee has acted upon the directionality dictated by understanding" (52, italics mine).

Because Egan's model provides for all the skills which constitute therapeutic communication in both its developmental and transactive essence, I use it as my paradigm for exploring those helper and helpee behaviors which, when performed, result in therapeutic communication. A complete and thorough operational definition of therapeutic communication results from operationally defining each behavior at each stage of the helping process.

A Model of the Helping Process
(Egan, 1975, 34-41)

Stage	Helper Skills	Helpee Skills
Prehelping Phase	Attending	
I: Responding to the Client/Client Self-Exploration	Accurate empathy (primary level) Respect Genuiness Concreteness	Self-Exploration
II: Integrative Understanding/ Dynamic Self-Understanding	Stage I skills Accurate empathy (advanced level) Self-disclosure Immediacy Confrontation	Nondefensive listenin Dynamic-Self-Understanding
III. Facilitating Action/Action	Stage I & II skills The elaboration of action programs Support	Cooperation Risk Acting

The Pre-helping Phase

The pre-helping phase consists of only helper skills. Behaviors in this phase are "attending" skills, which are conveyed primarily by nonverbal means. Egan suggests that the helper conveys that he/she is "with" the helpee by facing the other directly with an open, relaxed, forward posture while maintaining eye contact and interjecting "minimal encourages to talk" (Egan, 1975, 65-72). The feeling of helper involvement and commitment provides a necessary sense of security which is often transmitted by helper silence (Strupp, 1960, 297). Munley (1976) also found the client felt most understood when the therapist remained silent during client pauses and interrupted only infrequently, and that "closer interaction distance, more eye contact, a forward trunk lean and a direct body orientation" were indicative of a positive attitude toward the client (5).

The research conducted on interpersonal confirmation, i.e. communication in such a manner that the other person feels accepted and comes to value him/herself more (Cissna, 1976) also lends support to the importance of nonverbal factors during this phase of therapeutic communication. Drawing from Sieburg's research, Cissna reports the first proposition of confirmation theory: "It is more confirming to be recognized as an existing human agent than to be treated as non-existent or non-human" (6). Recognition consists of turning toward the other, establishing direct and frequent eye contact and giving full attention to the other as the sole task at hand.

The attending phase serves to manifest the helper's desire to be of aid and to indicate which person will be in the helping role.

Stage I: Responding to the Client/Client Self-Exploration

From the base of attending, the helper responds in a way that facilitates helpee self-exploration. The specific helper behaviors at this stage are accurate empathy, respect, genuineness and concreteness, with the complementary client behavior being

self-exploration.

Helper Skills:

Accurate empathy (primary level)

Egan defines accurate empathy as the communication of "initial basic understanding of .... what the client has explicitly expressed about himself" (1975, 77). This corresponds to Carkhuff's description of the first stage of empathy which behaviorally consists of "interchangeable formulations [reflections] in both discrimination and communication" (1969, 83). When empathy is tentative, frequent, and brief in response to both content and feeling communication with a movement toward critical issues, it is effective in aiding helpee self-exploration. (Egan, 1975, 90-91).

Carkhuff stresses that empathy is the basis for all helping (1969,90); Fiedler maintains that empathy is at the core of the ideal therapeutic relationship (in Barnlund, 1968, 636); and Barnlund's research leads him to conclude that the reflective response is the principle means of communicating a positive attitude to the client (1968, 617). The ability to give an accurate empathic response appears capable of development in skills training (Danish, et. al., 1976) and to exist in effective therapeutic relationships regardless of the theory orientation of the helper (Fischer, et. al., 1975).

While problems of rating empathic responses without recognizing the importance of the client's response have been noted (Avery, et. al., 1976), Hill and King (1976) recently found that clients, counselors, and observers agreed on their perceptions of what constituted empathic behavior. In the midst of definitional differences, the importance of empathy as a core therapeutic variable remains universally acknowledged.

Genuiness

Drawing from Rogers and Truax's concept of congruence (1967), Egan describes

genuiness as spontaneous, nondefensive and consist behavior. A genuine helper is basically being him/herself and comfortable in that role-free method of interaction (1975, 91-93). In Carkhuff's initial stage of genuiness, the emphasis is on the "absence of incongruence .... [and] a minimization of maintaining a facade" (1969, 90). During this first stage of helping, spontaniety falls short of impulsiveness, and congruence comes from an intense awareness of the ongoing experience with the helpee (Carkhuff, 1969, 91).

Also considered a core variable, the sequential relation of congruence or genuiness to the other core variables is in question. Rogers (1961) maintains that the perception of helper congruence leads to the perception of empathy which in turn leads to the perception of respect; whereas confirmation theory holds that a relevant response (a form of empathy) leads to acceptance (respect) which in turn leads to a personal response (genuiness) (Cissna, 1976, 6-7).

While Munley found it difficult to distinguish genuiness from empathy in her research, she did discover that the communication behavior of honest feedback (which can be considered under Egan's definition of genuiness) was a characteristic of an effective helper (1976, 2-5). Genuiness has been found in helpful therapeutic relationships regardless of theory orientation (Fischer, et. al., 1975), to be likely to contribute to personal growth (Barnlund, 1968), and when experienced mutually between the helper and helpee, to lead to a successfull therapeutic outcome (Orlinsky and Howard, 1975, 173).

Respect

Egan suggests that respect is a value which finds its expression behaviorally. "by the way the helper orients himself toward and works with the client" (1975, 95). The attitude of respect is translated into action by the helper's suspending critical judgment, reinforcing client resources and constructive action, and nonverbally expressing warmth through voice tone, posture, gesture, facial expression and touch.

To Egan, respect is also communicated by the behaviors of attending, accurate empathy and genuiness, and therefore builds on the other behaviors in Stage I (1975, 97-100). Carkhuff, in his Stage I definition of respect, focuses primarily on the absence of behavior which may restrict or destroy the helpee, "the suspension of all potentially psychonoxious feelings, attitudes and judgments" (1969, 86).

As with the other two core variables, there has been difficulty in distinguishing respect from empathy (Munley, 1976, 3), and in determining whether the perception of respect flows from congruence or is a prerequisite to congruence (Rogers, 1961; Cissna, 1976). Despite these difficulties, respect (whether it is termed warmth, caring, involvement, or unconditional positive regard) has been found to exist in an effective therapeutic relationship regardless of theory orientation (Fischer, et. al., 1975); to facilitate personal growth (Barnlund, 1968) and improvement when coupled with behavior modification (Morris and Suckerman, 1975); to reflect client persistence in treatment and to be predictive of productive collaboration (Saltzman, et. al., 1976); to provide the feeling of safety to the helpee (Strupp, 1960, 216); and to produce therapeutic satisfaction, especially when coupled with the absence of criticism, impatience, and coldness (Orlinsky and Howard, 1975, 73; Martin, et. al., 1976a).

Concreteness

Egan proposes that helper concreteness be used to stimulate helpee concreteness as a means of furthering the problem-solving and constructive action phase. Concreteness consists of specifying and owning feelings, behaviors, and experiences relevant to the problem area. The helper can promote helpee concreteness by responding concretely him/herself, by preventing lengthy helpee explanations and giving direction through frequent and short specific responses, by asking the client directly for more information or clarification through "how" and "what" questions (1975, 102-105). This corresponds to Carkhuff's first stage of concreteness: the helper serves as a role model in teaching helpee concreteness by using specificity in his/her own dis-

criminations as a means of focusing more productively on conflict areas (1969, 88).

While Kiesler's research has found helper message ambiguity to be productive of more meaningful helpee communication (1973, 189), Strupp stresses the impact of clarification on the effectiveness of the therapeutic process (1960, 205). Reisman also appears to be speaking to the concept of concreteness when he discusses the appropriateness of the helper's responsive and interrogative ways of understanding the client's messages (1971, 125).

Although concreteness has not been the subject of as much research as the core variables, the assumption that effective therapeutic communication leads to changes in helpee action suggests that it is a therapeutic behavior for both the helper and helpee to employ.

Helpee Skill: Self-Exploration

The helper is judged skilled insofar as the client acts effectively on the attitudinal and behavioral influence of the helper's communication. The helpee responds to a helper who is seen "as working for him [by working] with the helper in exploring the problematic areas of his own life" (Egan, 1975, 106). Self-exploration consists of a high, but appropriate level of self-disclosure in any of the following areas in which the helpee might be experiencing problems: unhealthy assumptions, unrealized, unrealistic or unspecificed goals, or conflicting values (Egan, 1975, 115). Carkhuff also sees self-exploration as an immediate and necessary goal to be achieved and sustained throughout all helpee problem areas (1969, 37-42).

The fact that the helpee has a complementary responsibility for a successful outcome of the therapeutic process has been acknowledged by those whose research focuses on the interactive nature of helping (Saltzman, et. al., 1976; Orlinsky and Howard, 1975; Kiesler, 1973; Munley, 1976). Saltzman (1976) found that clients who remain in therapy are characterized by higher levels of openness and movement. In attempting to determine the factors involved in successful therapy, Staples (1976) went so far

as to suggest that effective treatment may be more a function of client characteristics than therapeutic interventions.

Client self-exploration is important both as a means of assessing helper skills and as means of predicting outcome.

Stage II: Integrative Understanding/Dynamic Self-Understanding

While in Stage I, the helper focuses on the helpee's frame of reference, in Stage II, the helper uses advanced accurate empathy, self-disclosure, confrontation, and immediacy to help the client see his/her behavior, its causes and consequences, from a more objective point of view. By listening nondefensively, the helpee furthers his/her dynamic self-understanding.

Advanced Accurate Empathy:

Advanced accurate empathy pierces through to content and emotions that are outside of the helpee's awareness. Egan indicates that this higher level empathy is communicated by the following helper behaviors: stating directly what the helpee is only implying, summarizing and focusing relevant but fragmented information, identifying emotional and behavioral themes, connecting interrelated problems, helping a client draw his/her own conclusions from the assumptions he/she holds, and suggesting alternative interpretations of client data. Advanced accurate empathy is communicated tentatively by using qualifying words and phrases, and by first using the primary level before moving to the advanced level (1975, 135-150). Carkhuff's Stage II empathy is synonomous with advanced accurate empathy: the helper attempts to stretch the limits of the helpee's self-understanding in those areas where such understanding has not been demonstrated. Carkhuff suggests that this level of empathy is conveyed by the "depth reflection" of the Rogerian approach or the "moderate interpretation" of the psychoanalytic approach (1969, 84).

Reisman (1971) would term this level of empathy expository and interpretive types of understanding responses. In his study comparing friendships to the client/

therapist relationship (1974), he found that while subjects were less averse to a therapist being empathic at the primary level, they preferred friends to give varied responses, among which was exposition, a type of advanced empathic response. Brammer also suggests using higher level empathic behaviors when the goal is client understanding. In his terms, these skills are "leading" directly or indirectly by focusing and questioning, "summarizing" feeling, content, and process, and "interpreting" by explaining, questioning or fantacizing (1973, 79).

Fortunately for the goal of helpee self-understanding, advanced empathy can be learned. After training, helpers use more responses which label the helpee's unexpressed feelings (Danish, et. al., 1976). Carkhuff's voluminous research (1972c) in systematic training of interpersonal skills lends further credence to the belief that phase II skills can be taught to various populations.

Self Disclosure

Egan defines self-disclosure simply as the communication of information about the helper's personal life to the helpee (1975, 151). Carkhuff's Stage II of genuiness encompasses self-disclosure: the helper "moves toward becoming more fully and freely himself ... [and] the dimension of self-disclosure ... takes on significance" as a model for the helpee (1969, 91). Egan's main concern with this skill is that it be appropriate, i.e., related to a helping goal. Drawing mainly from Jourard's studies, he suggests that self-disclosure be one skill within the complete repertory of helper responses; it would be inappropriate if its use burdened, overwhelmed, or distracted the client (1975, 151-155).

As Egan notes, the research on the value of helper self-disclosure is mixed. Anchor (1976) found that counseling supervisors saw self-disclosure as correlating with therapist sophistication and competence. From the helpee's perspective, Bundza (1973) found that helper self-disclosure related to client's perceptions of therapist warmth and their own willingness to self-disclose when therapists disclosure was

mainly positive, historical, and relevant to the client's immediate experience. Simonson (1974) found that self-disclosure was viewed as a positive communication behavior, but that demographic disclosure was preferred from professionals while personal disclosure was preferred from paraprofessionals if the therapist was to be regarded as attractive. Dies (1973), whose research has focused on therapist self-disclosure in group therapy has found therapist disclosure to facilitate the therapeutic process. The disclosing therapist is seen as more helpful and facilitating, but also as less sensitive, stable and strong, an attitude that changes and becomes more favorable toward disclosure the longer the client is in the helping process. Munley (1976) concluded that self-disclosure was viewed as a characteristic of the helpful therapist. Finally, in relating confirmation theory to the helping process, a personal response in the form of self-disclosure is seen as confirming; though Cissna (1976) found the impact to be much less than predicted and virtually nonexistent for men when receiving disclosure from a female partner, which suggests that disclosure has a differing impact in different role relationships.

Self-disclosure can take the form of historical or present, demographic or personal, event or feeling, client relevant or irrelevant revelation. The type of disclosure becomes important when deciding how and when it may be appropriate to achieving helpee goals.

Confrontation

Egan maintains that confrontation should not be used punitively to attack the client, but rather as an extension of advanced accurate empathy. Confrontation is the pointing out of discrepancies between what a helpee says and does, thinks and feels and says, or between how a helpee is and wishes to be, is and experiences him/herself to be. Confrontation also provides an alternative, more objective, less distorted way of viewing self, others, and the world, and serves to unmask games and evasions (1975, 157-163). Further, confrontation involves "challenging the

undeveloped, the underdeveloped, the unused, and the misused potentialities, skills, and resources of the client, with a view to examining and understanding these resources and putting them to use in action programs" (158). Egan's two-fold definition corresponds to Carkhuff's first and second stages of confrontation: in Stage II the helper creates crises to facilitate the helpee's moving to higher levels of functioning, among which are the abilities to confront self and others (1969, 92-93).

Although the research on confrontation is sparse and often contradictory, Brammer (1973) invludes confrontation (discribing and expressing feelings, feeding back, meditating, repeating and associating) as one of the helping skills necessary for client understanding. Additionally, Munley (1976) found that therapy progressed through two phases: the initial, complementary relationship phase, where the helper provides confirmation and security; and the second, uncomplementary work phase, where the helper must avoid reinforcing maladaptive behaviors. It is in this second phase that confrontation would be appropriate.

The manner in which confrontation is communicated is as important as what is being confronted and for what purpose. Egan cautions that confrontation should take place tentatively, in the spirit of accurate empathy and "with care." The helper must be involved with the helpee, motivated to help rather than punish, have established a base of intimacy and assessed the readiness of the helpee to assimilate and respond positively to the confrontation. To achieve this latter condition "successive approximation," or breaking down "undesirable behavior into ... concrete units that are not so crucial as others and that are relatively easy to change" can be effective (1975, 167).

Immediacy

The synonym for immediacy is direct, mutual communication, or in Egan's terms "you - me" talk. Behaviorally, immediacy is the direct and open discussion about "what is happening in the here-and-now of an interpersonal relationship" (1975, 173)

and can revolve around such issues as life style, trust, dependency, and attraction (178-179). This helper skill corresponds directly to Carkhuff's Stage II immediacy where the effective helper is being himself-in-the-moment. Effective helpers "communicate what they are communicating .... say what they are saying .... are about what they are about" in the present, with little contamination from the past and future (1969, 94).

More than any other skill thus far defined, immediacy focuses on the interaction between the helper and helpee. Munley (1976) reported that client/therapist expressiveness scores were significantly related to successful outcome. Expressiveness, measured by pitch, conversational tone and voice quality, was indicative of "moment-to-moment involvement in therapy" (6). Orlinsky and Howard (1975) found that the recognition and expression of immediate wants and feelings were related to successful therapeutic outcome. Based on this finding, they suggested that helper responsiveness might be a more important variable than perceptiveness. Along these lines, Spivack (1974) found that the methodology of Interpersonal Process Recall can be used as a "mini-laboratory" for focusing on "what is transpiring in the immediacy of the relationship" (237). Spivack concludes that this confrontive, immediate and focused examination can accelerate client understanding and growth. This technique, which makes use of on-the-spot video replay and a recall worker who facilitates the client's viewing and interpretation of his/her actions in the previous therapy session, appears to be a possible means of bringing together the Stage II skills of advanced accurate empathy, self-disclosure, confrontation and immediacy to emphasize the process nature of the relationship and to speed up achieving the goal of helpee self-understanding.

Helpee Skills

Non-defensive listening

Although Egan himself does not operationally define this client skill, non-defensive listening would appear to involve those behaviors required of the helper

in attending and in the Stage I core variables, i.e., the helpee must learn to listen and respond to the helper in the same way that the helper has learned to listen to him/her. Support for this view comes from Carkhuff: "The signal for movement to higher levels of facilitative conditions ... is the helpee's demonstration of responses that the helper might have made" (1969, 56).

Saltzman et. al. (1976) found that helpees who remain in therapy after the fifth session are characterized by higher levels of respect, security and continuity, factors which are necessary to non-defensive listening. Speaking to the importance of the helpee's cooperation in the therapeutic process, Wilkinson and Auld (1975) have developed scales for the client's openness and awareness. The highest level response on their awareness acale indicates the importance of non-defensive listening: it allows the helpee to focus primarily on "scrutiny of his own defenses ... his own emotional reactions and/or examining his own responsibility for his distress" (133).

Dynamic Self-Understanding

Non-defensive listening is necessary to achieve the goal of this stage -- dynamic self-understanding. Egan (1975) maintains that self-understanding is important because it serves to "mediate behavioral change" (128). When self-understanding is present, the helpee will be able to see "the need for action ... [be] motivated to act ... and [have] some idea of the directions his action must take" (130).

In discussing the factors in consonant patterns of involvement between the helper and helpee, Orlinsky and Howard (1975) speak to this same mediating power of self-understanding. The therapeutic alliance stimulates understanding "of past experiences and present life situation ... [which] aims to achieve ... renewed personal growth through emotionally significant insight" (174).

Carkhuff (1969) also sees self-understanding as a necessary helpee skill following self-exploration and motivating action. Self-understanding is a necessary factor in the helpee's ability to reconstruct his/her communication processes which are the typical

sources of helpee intra- and interpersonal dysfunction. Carkhuff provides a precise operational definition of a helpee who has achieved understanding: "he is able to express to himself what the helper might have expressed to him in order to facilitate his own further exploration" (49).

Stage III: Action

Self-understanding or insight is not the end of therapeutic communication. As Carkhuff (1969) emphasizes, the "helping process has not been brought to culmination until the helpee has acted upon the directionality dictated by understanding" (53). Therefore, stage three helper skills involve facilitating action, the elaboration of action programs and support for action. The complementary helpee skills are cooperation, risk, and acting.

Facilitating Action

Drawing heavily from the principles of behavior modification, Egan (1975) suggests that the helper can facilitate change by the behaviors of (1) reinforcement: immediately and concretely rewarding the desired behavior in a way that provides satisfaction to the helpee; (2) punishment: following an undesirable behavior with a stimulus unpleasant to the helpee; and (3) shaping: "using reinforcemtnt (1 or 2 above) systematically in a gradual, step-by-step process ... [by beginning with] the client where he is" (194). Though not as specific, Carkhuff's (1969) third levels of empathy, respect and concreteness are all oriented toward facilitating action. Stage III empathy emphasizes action within and without the helping relationship; Stage III respect involves not accepting the helpee at less than his/her full potential; and Stage III concreteness focuses on considering remedial and educative action (85-89).

Elaboration of Action Programs

Strupp (1960) maintains that direct guidance is one of the helper's activities. Carkhuff (1969) also stresses the necessity of the helper's describing the helpee

goals which have emerged from self-understanding in functional terms. The helper should aid the helpee to operationalize the step by step process for attaining his/her goals within the framework of whatever behavioral change approach is most suited to the helpee's needs (116-188, Loew, 1975).

Following this line of thought, Egan (1975) urges employing the force-field analysis approach to problem-solving as an effective, systematic action program. The force-field approach is designed to help the client act and live more constructively. It includes the following sequential behaviors: (1) identifying a concrete, solvable, client-owned problem which has been analyzed into workable units; (2) establishing priorities based on the severity of the problem, its amenability to control, and the possibility that solving the problem will improve the helpee's life; (3) establishing workable, concrete, client-owned goals which can be analyzed into workable sub-goals; (4) taking a census of those forces preventing and facilitating goal accomplishment, and the possible and necessary steps which will eliminate the restraining forces and enhance the facilitative forces; (5) choosing the method that will most effectively accomplish goals and meet the criteria of being consonant with client values, having a high probability for success, and allowing gradual and systematic movement toward the goal; (6) establishing criteria for judging the effectiveness of the action program; and (7) implementing these means to accomplish the goals (220-227).

Support

Support consists of using the Stage I and II skills to aid the helpee through Stage III. Stage I behaviors are important to reinforcement and support: the helpee's achievements must be accurately understood and respected, and the helper must genuinely be with the client through his/her successes and/or failures. Stage II skills aid the helpee in implementing action: the helper engages the client openly and directly in the present of the therapeutic relationship; the helper promotes awareness of the helpee's deepest emotions through here-and-now helper disclosure; and the helper con-

fronts those attitudes and behaviors inhibiting change toward more constructive action (Egan, 1975, 227-229).

Undoubtedly the best means of support is self-support. This the helper can provide by teaching the problem-solving methodologies to the helpee so that they can be used effectively outside of the therapeutic relationship. It is through this educative function that the helpee will be able to employ constructive action in all areas of his/her life. This is the ultimate criterion for the termination of the helping process: when through training, the helpee operates at the same level of effectiveness as the helper, these changes can "generalize to other spheres of functioning (Carkhuff, 1969, 217).

Helpee Skills:

Cooperation

As a client behavior, cooperation involves the helpee's active participation in designing and implementing the helper-facilitated action programs. Orlinsky and Howard (1975) call this "responsive collaboration" and describe it as a therapeutic pattern which results in client movement (19). Munley's (1976) research has focused on this cooperative effort necessary to the helper/helpee "work team." She found that important factors contributing to helpee cooperation were compatibility of race, helper credibility and similarity, and congruent expectations. Where these exist, positive therapeutic outcomes can be predicted.

Risk

Cooperation necessarily involves client risk. The helpee who sees too much risk in change will choose not to cooperate; therefore, not to act. In order to achieve the goal of effective living in as many areas as possible, the helpee must take risks; he/she must experiment with new behaviors that are often difficult, distressful, and involve the possibility of failure. As Saltzman, et. al. (1976) research implies, this ability to risk presupposes a certain level of helpee se-

curity. The helpee must further encounter the risk of engaging in uncomplementary interactions with the helper during this work phase; where, if the outcome is to be successful, the helper will not reinforce old modes of behavior and will push the helpee to enact new patterns (Munley, 1976).

Action

To risk, then, means to act. Orlinsky and Howard (1975) found that a therapeutic conjoint experience involved effective problem-solving and collaborative movement (21). To Carkhuff (1969), successful action results in the helpee's ability to "act as constructively as possible upon the finest discrimination available" (82). Egan (1975) maintains the same view: "the goal of the entire helping process is action: constructive behavioral change" (182). Further defined, constructive behavioral change results in the elimination of severe problems (characterized by distress, frequency, and uncontrollability) in the helpee's life. The elimination or minimization of such problems promotes more effective interpersonal behavior both within and without the helping relationship.

The criterion for successful action and consequently successful helping is one Carkhuff has suggested at each stage in this developmental process --- the helpee can behave at the same level as his/her helper, intra- and interpersonally.

Summary and Implications

In summary, therapeutic communication is operationally defined by complementary communication behaviors appropriate to each stage of the developmental helping process. These behaviors can be operationally defined further by delineating what actions must occur for them to result. A summary of behaviors by stages follows:

Pre-helping phase

Attending: Facing the other, establishing eye contact, non-engagement in other tasks, being silent more often than speaking

Stage I

Helper Skills

Accurate Empathy: Communicating understanding of the helpee's frame of reference, experiences, and feelings

Genuineness: Expressing a role-free self consistently, spontaneously, non-defensively

Respect: Reinforcing the helpee's individual talents and improved behaviors; physically communicating warmth; not communicating criticism

Concreteness: Explaining, questioning and directing with specificity

Helpee Skills

Self-Exploration: Disclosing concretely and appropriately about present problem areas

Stage II

Helper Skills

Advanced Accurate Empathy: Reflecting with depth about implications, fragments, themes and interrelated problems

Self-Disclosure: Revealing personal information, present thoughts and feelings

Confrontation: Pointing out discrepancies; challenging unused potential

Immediacy: Communicating directly and mutually about the interpersonal relationship between the helper and helpee

Helpee Skills

Non-defensive listening: Responding accurately to the helper about responsibility for problem areas

Dynamic self-understanding: Expressing what the helper might have expressed to further growth

Stage III

Helper Skills

Facilitating Action: Reinforcing, shaping constructive behaviors

Elaborating Action Programs: Operationalizing helpee goals and means for achieving them

Support: Stage I & II skills; teaching helpee self-support

Helpee Skills

Cooperation: Participating actively in elaborating action programs

Risk: Acting in new ways

Action: Changing behavior to reduce stress and increase functioning and growth

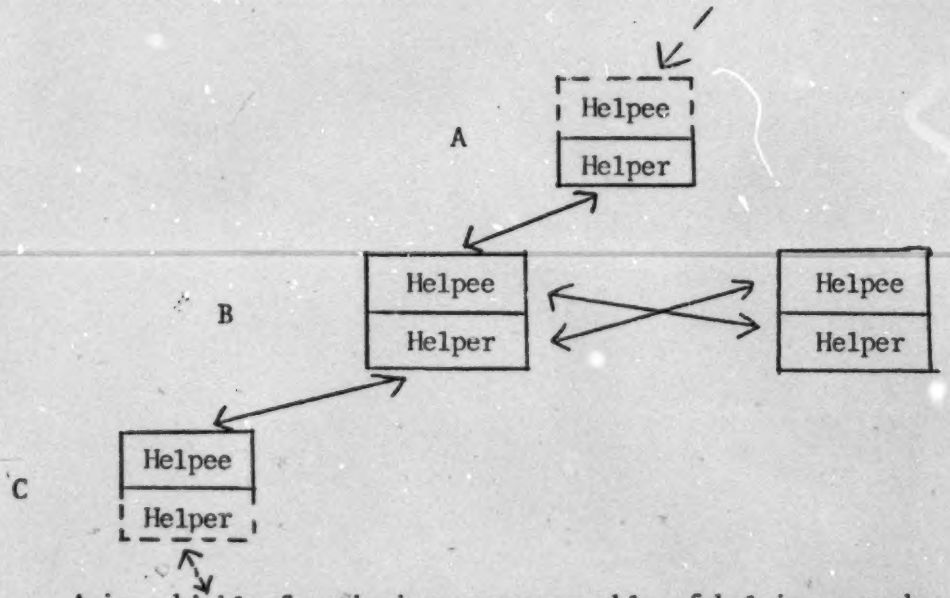
This model has three-fold importance. First, it is cumulative and developmental. While recognizing the importance of the oft-researched empathy, respect, and genuineness, it points to the need for building on those core variables if constructive behavior change (the goal of helping) is to be realized. Acting in ways to make the other feel confirmed is warming, but ultimately non-productive if no real gains are made in the other's ability to function and develop. What is accomplished beyond the base of acceptance is of most importance, and other skills are needed to achieve this primary goal of helping.

Secondly, it is interactive and complementary. It implies that certain helpee behaviors must occur if the helping process is to be evaluated as successful. Further, the transactive nature of the model offers an explanation for the difficulty in clearly operationalizing therapeutic communication. The helper does not exist in a vacuum; therefore, a knowledge of the individual helper and helpee's verbal and nonverbal statements and responses is necessary to determine if therapeutic communication exists. This suggests that the most accurate therapeutic communication rating scale would utilize both helper and helpee verbal and nonverbal interaction over time.

Thirdly, the model implies that therapeutic communication has the potential to be reciprocal, i.e., the helper can become the helpee in order to increase the level of functioning in one of his/her own problem areas. It is at this point that we are brought full circle to the original abstract concept of therapeutic communication: "a true meeting between persons." As Rossiter (1975) has implied in his model of relationships, fruitful research can be done in the area of intimate friendships where helper/helpee roles could be flexible and interchangeable and result in increasing development, integration and growth for both persons.

A model for viewing the various levels of functioning and helping which could

include intimate, reciprocal relationships, might be represented as follows:



A is a highly functioning person capable of helping a number of others, but still open to help in certain problem areas when necessary. B is a reciprocal relationship, where help is given from one person's area of strength to another's area of weakness. C is a low level functioning person who is in need of help, but still capable of aiding a lower level functioning person.

Research already begun on peer self help groups (Hurvitz, 1970) and human resource development (Carkhuff, 1972abc) lends credence to the plea to allow and encourage therapeutic communication to exist outside of the therapist's office.

Carkhuff believes that helping skills can be taught and those to whom they are taught can teach others. His research has indicated that a technology exists for developing these skills and people who can teach them. They do not need to remain esoteric. Since communication is the core of both the process and outcome of helping, we can choose to participate by learning ourselves and training others in this technology which offers "people, students and counselees, parents and teachers tangible skills which they might use in their everyday lives" (1972b, 29). It may not be necessary to "purchase friendship" by being in therapy if skilled friendship can be learned and found.

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